

Tapaoan v. Cayetano Settlement Fund Claims Administrator's Final Report

OCCP = Outside Class Claims Period

Claim No.	Name (First Last)	OD / Days	Search	Amount	Comments
1		<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	\$3000	
2		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
3		<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/>	\$4000	
4		<input checked="" type="checkbox"/> 5	<input type="checkbox"/>	\$5000	
5		<input type="checkbox"/>	<input type="checkbox"/>	0	
6		<input type="checkbox"/>	<input type="checkbox"/>	0	
7		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
8		<input type="checkbox"/>	<input type="checkbox"/>	0	
9		<input type="checkbox"/>	<input type="checkbox"/>	0	
10		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
11		<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/>	\$4000	
12		<input type="checkbox"/>	<input type="checkbox"/>	0	
13		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
14		<input type="checkbox"/>	<input type="checkbox"/>	0	
15		<input type="checkbox"/>	<input type="checkbox"/>	0	
16		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
17		<input type="checkbox"/>	<input type="checkbox"/>	0	
18		<input checked="" type="checkbox"/> 20	<input type="checkbox"/>	\$20,000	
19		<input type="checkbox"/>	<input type="checkbox"/>	0	
20		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
21		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
22		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
23		<input type="checkbox"/>	<input type="checkbox"/>	0	
24		<input checked="" type="checkbox"/> 16	<input type="checkbox"/>	\$16,000	
25		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
26		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
27		<input type="checkbox"/>	<input type="checkbox"/>	0	
28		<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	\$3000	
29		<input type="checkbox"/>	<input type="checkbox"/>	0	
30		<input type="checkbox"/>	<input type="checkbox"/>	0	

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EXHIBIT "A"

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Claim No.	Name (First Last)	OD / Days	Search	Amount	Comments
31		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	OCCP
32		<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/>	\$4000	
33		<input type="checkbox"/>	<input type="checkbox"/>	0	
34		<input type="checkbox"/>	<input type="checkbox"/>	0	
35		<input type="checkbox"/>	<input type="checkbox"/>	0	
36		<input type="checkbox"/>	<input type="checkbox"/>	0	
37		<input type="checkbox"/>	<input type="checkbox"/>	0	
38		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
39		<input type="checkbox"/>	<input type="checkbox"/>	0	
40		<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	\$3000	
41		<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/>	\$7000	SS x2
42		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
43		<input checked="" type="checkbox"/> 5	<input type="checkbox"/>	\$5000	
44		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
45		<input type="checkbox"/>	<input type="checkbox"/>	0	
46		<input type="checkbox"/>	<input type="checkbox"/>	0	
47		<input type="checkbox"/>	<input type="checkbox"/>	0	
48		<input checked="" type="checkbox"/> 19	<input type="checkbox"/>	\$19,000	
49		<input type="checkbox"/>	<input type="checkbox"/>	0	
50		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
51		<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	\$3000	
52		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
53		<input checked="" type="checkbox"/> 5	<input type="checkbox"/>	\$5000	
54		<input checked="" type="checkbox"/> 12	<input type="checkbox"/>	\$12,000	
55		<input type="checkbox"/>	<input type="checkbox"/>	0	
56		<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/>	\$8000	SS x2
57		<input type="checkbox"/>	<input type="checkbox"/>	0	
58		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
59		<input type="checkbox"/>	<input type="checkbox"/>	0	
60		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
61		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
62		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
63		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
64		<input type="checkbox"/>	<input type="checkbox"/>	0	
65		<input type="checkbox"/>	<input type="checkbox"/>	0	

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Claim No.	Name (First Last)	OD / Days	Search	Amount	Comments
66		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
67		<input type="checkbox"/>	<input type="checkbox"/>	0	
68		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
69		<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/>	\$7000	SS x2
70		<input type="checkbox"/>	<input type="checkbox"/>	0	
71		<input type="checkbox"/>	<input type="checkbox"/>	0	
72		<input type="checkbox"/>	<input type="checkbox"/>	0	
73		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
74		<input type="checkbox"/>	<input type="checkbox"/>	0	
75		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
76		<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	\$3000	
77		<input type="checkbox"/>	<input type="checkbox"/>	0	
78		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
79		<input type="checkbox"/>	<input type="checkbox"/>	0	
80		<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	\$3000	
81		<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	\$3000	
82		<input checked="" type="checkbox"/> 23	<input type="checkbox"/>	\$23,000	
83		<input type="checkbox"/>	<input type="checkbox"/>	0	
84		<input type="checkbox"/>	<input type="checkbox"/>	0	
85		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
86		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
87		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
88		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
89		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
90		<input type="checkbox"/>	<input type="checkbox"/>	0	
91		<input type="checkbox"/>	<input type="checkbox"/>	0	
92		<input type="checkbox"/>	<input type="checkbox"/>	0	
93		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
94		<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/>	\$4000	
95		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
96		<input type="checkbox"/>	<input type="checkbox"/>	0	
97		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$1000	
98		<input type="checkbox"/>	<input type="checkbox"/>	0	
99		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
100		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	

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Claim No.	Name (First Last)	OD / Days	Search	Amount	Comments
101		<input type="checkbox"/>	<input type="checkbox"/>	0	
102		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
103		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
104		<input type="checkbox"/>	<input type="checkbox"/>	0	
105		<input type="checkbox"/>	<input type="checkbox"/>	0	
106		<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/>	\$4000	
107		<input checked="" type="checkbox"/> 19	<input type="checkbox"/>	\$19,000	
108		<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	\$3000	
109		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
110		<input type="checkbox"/>	<input type="checkbox"/>	0	
111		<input type="checkbox"/>	<input type="checkbox"/>	0	
112		<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	\$3000	
113		<input type="checkbox"/>	<input type="checkbox"/>	0	
114		<input type="checkbox"/>	<input type="checkbox"/>	0	Deceased
115		<input checked="" type="checkbox"/> 5	<input type="checkbox"/>	\$5000	Deceased
116		<input type="checkbox"/>	<input type="checkbox"/>	0	
117		<input type="checkbox"/>	<input type="checkbox"/>	0	
118		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
119		<input type="checkbox"/>	<input type="checkbox"/>	0	
120		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	OCCP
121		<input type="checkbox"/>	<input type="checkbox"/>	0	
122		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
123		<input type="checkbox"/>	<input type="checkbox"/>	0	
124		<input type="checkbox"/>	<input type="checkbox"/>	0	
125		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
126		<input type="checkbox"/>	<input type="checkbox"/>	0	
127		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
128		<input type="checkbox"/>	<input type="checkbox"/>	0	
129		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
130		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$6000	SS x2
131		<input type="checkbox"/>	<input type="checkbox"/>	0	
132		<input type="checkbox"/>	<input type="checkbox"/>	0	
133		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
134		<input type="checkbox"/>	<input type="checkbox"/>	0	
135		<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/>	\$4000	

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Claim No.	Name (First Last)	OD / Days	Search	Amount	Comments
136		<input type="checkbox"/>	<input type="checkbox"/>	0	
137	OS	<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
138		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
139		<input checked="" type="checkbox"/> 6	<input type="checkbox"/>	\$6000	
140		<input checked="" type="checkbox"/> 9	<input type="checkbox"/>	\$9000	
141		<input checked="" type="checkbox"/> 11	<input type="checkbox"/>	\$11,000	
142		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
143		<input checked="" type="checkbox"/> 4	<input type="checkbox"/>	\$4000	Deceased
144		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
145		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
146		<input checked="" type="checkbox"/> 8	<input checked="" type="checkbox"/>	\$11,000	
147		<input type="checkbox"/>	<input type="checkbox"/>	0	
148		<input type="checkbox"/>	<input type="checkbox"/>	0	
149		<input type="checkbox"/>	<input type="checkbox"/>	0	
150		<input type="checkbox"/>	<input type="checkbox"/>	0	
151		<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	\$3000	OCCP
152		<input type="checkbox"/>	<input type="checkbox"/>	0	
153		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
154		<input type="checkbox"/>	<input type="checkbox"/>	0	
155		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
156		<input type="checkbox"/>	<input type="checkbox"/>	0	
157		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
158		<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	\$3000	
159		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
160		<input type="checkbox"/>	<input type="checkbox"/>	0	
161		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	OCCP
162		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
163		<input type="checkbox"/>	<input type="checkbox"/>	0	
164		<input type="checkbox"/>	<input type="checkbox"/>	0	
165		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
166		<input type="checkbox"/>	<input type="checkbox"/>	0	
167		<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/>	\$6000	
168		<input checked="" type="checkbox"/> 5	<input type="checkbox"/>	\$5000	
169		<input type="checkbox"/>	<input type="checkbox"/>	0	
170		<input type="checkbox"/>	<input type="checkbox"/>	0	

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Claim No.	Name (First Last)	OD / Days	Search	Amount	Comments
171		<input type="checkbox"/>	<input type="checkbox"/>	0	
172		<input type="checkbox"/>	<input type="checkbox"/>	0	
173		<input checked="" type="checkbox"/> 5	<input type="checkbox"/>	\$5000	
174		<input checked="" type="checkbox"/> 5	<input type="checkbox"/>	\$5000	
175		<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/>	\$5000	
176		<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/>	\$5000	
177		<input type="checkbox"/>	<input type="checkbox"/>	0	
178		<input type="checkbox"/>	<input type="checkbox"/>	0	
179		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
180		<input type="checkbox"/>	<input type="checkbox"/>	0	
181		<input type="checkbox"/>	<input type="checkbox"/>	0	
182		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
183		<input type="checkbox"/>	<input type="checkbox"/>	0	
184		<input type="checkbox"/>	<input type="checkbox"/>	0	
185		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
186		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
187		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
188		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
189		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
190		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
191		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
192		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
193		<input type="checkbox"/>	<input type="checkbox"/>	0	
194		<input type="checkbox"/>	<input type="checkbox"/>	0	
195		<input type="checkbox"/>	<input type="checkbox"/>	0	
196		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
197		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
198		<input type="checkbox"/>	<input type="checkbox"/>	0	
199		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
200		<input type="checkbox"/>	<input type="checkbox"/>	0	
201		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
202		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
203		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$6000	SS x2
204		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
205		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	

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Claim No.	Name (First Last)	OD / Days	Search	Amount	Comments
206		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
207		<input checked="" type="checkbox"/> 4	<input type="checkbox"/>	\$4000	
208		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
209		<input type="checkbox"/>	<input type="checkbox"/>	0	
210		<input type="checkbox"/>	<input type="checkbox"/>	0	
211		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
212		<input type="checkbox"/>	<input type="checkbox"/>	0	
213		<input type="checkbox"/>	<input type="checkbox"/>	0	
214		<input checked="" type="checkbox"/> 5	<input type="checkbox"/>	\$5000	
215		<input type="checkbox"/>	<input type="checkbox"/>	0	
216		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
217		<input type="checkbox"/>	<input type="checkbox"/>	0	
218		<input type="checkbox"/>	<input type="checkbox"/>	0	
219		<input type="checkbox"/>	<input type="checkbox"/>	0	
220		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
221		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
222		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
223		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
224		<input type="checkbox"/>	<input type="checkbox"/>	0	
225		<input type="checkbox"/>	<input type="checkbox"/>	0	
226		<input checked="" type="checkbox"/> 4	<input type="checkbox"/>	\$4000	
227		<input type="checkbox"/>	<input type="checkbox"/>	0	
228		<input type="checkbox"/>	<input type="checkbox"/>	0	
229		<input type="checkbox"/>	<input type="checkbox"/>	0	
230		<input type="checkbox"/>	<input type="checkbox"/>	0	
231		<input type="checkbox"/>	<input type="checkbox"/>	0	
232		<input type="checkbox"/>	<input type="checkbox"/>	0	
233		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$1000	
234		<input type="checkbox"/>	<input type="checkbox"/>	0	
235		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
236		<input type="checkbox"/>	<input type="checkbox"/>	0	
237		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
238		<input type="checkbox"/>	<input type="checkbox"/>	0	
239		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
240		<input type="checkbox"/>	<input type="checkbox"/>	0	

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Claim No.	Name (First Last)	OD / Days	Search	Amount	Comments
241		<input type="checkbox"/>	<input type="checkbox"/>	0	
242		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
243		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	OCCP
244		<input type="checkbox"/>	<input type="checkbox"/>	0	
245		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
246		<input checked="" type="checkbox"/> 15	<input type="checkbox"/>	\$15,000	
247		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
248		<input type="checkbox"/>	<input type="checkbox"/>	0	
249		<input type="checkbox"/>	<input type="checkbox"/>	0	
250		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
251		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
252		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
253		<input type="checkbox"/>	<input type="checkbox"/>	0	
254		<input type="checkbox"/>	<input type="checkbox"/>	0	
255		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
256		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
257		<input checked="" type="checkbox"/> 6	<input type="checkbox"/>	\$6000	
258		<input type="checkbox"/>	<input type="checkbox"/>	0	
259		<input checked="" type="checkbox"/> 6	<input type="checkbox"/>	\$6000	
260		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
261		<input type="checkbox"/>	<input type="checkbox"/>	0	
262		<input type="checkbox"/>	<input type="checkbox"/>	0	
263		<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/>	\$4000	
264		<input type="checkbox"/>	<input type="checkbox"/>	0	
265		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
266		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
267		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
268		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
269		<input type="checkbox"/>	<input type="checkbox"/>	0	
270		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
271		<input type="checkbox"/>	<input type="checkbox"/>	0	
272		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
273		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
274		<input type="checkbox"/>	<input type="checkbox"/>	0	
275		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	

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Claim No.	Name (First Last)	OD / Days	Search	Amount	Comments
276		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
277		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
278		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
279		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
280		<input type="checkbox"/>	<input type="checkbox"/>	0	
281		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
282		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
283		<input type="checkbox"/>	<input type="checkbox"/>	0	
284		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
285		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
286		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
287		<input type="checkbox"/>	<input type="checkbox"/>	0	
288		<input checked="" type="checkbox"/> 5	<input type="checkbox"/>	\$5000	
289		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
290		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
291		<input type="checkbox"/>	<input type="checkbox"/>	0	
292		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
293		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
294		<input type="checkbox"/>	<input type="checkbox"/>	0	
295		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
296		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
297		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
298		<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/>	\$4000	
299		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
300		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
301		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
302		<input type="checkbox"/>	<input type="checkbox"/>	0	
303		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
304		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
305		<input type="checkbox"/>	<input type="checkbox"/>	0	
306		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
307		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
308		<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/>	\$5000	
309		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
310		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	

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Claim No.	Name (First Last)	OD / Days	Search	Amount	Comments
311		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
312		<input type="checkbox"/>	<input type="checkbox"/>	0	
313		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
314		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
315		<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	\$3000	
316		<input type="checkbox"/>	<input type="checkbox"/>	0	
317		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
318	ir.	<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
319		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
320		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
321		<input type="checkbox"/>	<input type="checkbox"/>	0	
322		<input type="checkbox"/>	<input type="checkbox"/>	0	
323		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
324		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
325		<input type="checkbox"/>	<input type="checkbox"/>	0	
326		<input type="checkbox"/>	<input type="checkbox"/>	0	
327		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
328		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
329		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	OCCP
330		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
331		<input type="checkbox"/>	<input type="checkbox"/>	0	
332		<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/>	\$4000	
333		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
334		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
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339		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
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342		<input checked="" type="checkbox"/> 5	<input type="checkbox"/>	\$5000	
343		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
344		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	
345		<input type="checkbox"/>	<input type="checkbox"/>	0	

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Claim No.	Name (First Last)	OD / Days	Search	Amount	Comments
346		<input type="checkbox"/>	<input type="checkbox"/>	0	
347		<input type="checkbox"/>	<input type="checkbox"/>	0	
348		<input type="checkbox"/>	<input type="checkbox"/>	0	
349		<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	\$2000	OCCP
350		<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	\$1000	
351		<input type="checkbox"/>	<input type="checkbox"/>	0	
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353		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
354		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
355		<input type="checkbox"/>	<input type="checkbox"/>	0	
356		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
357		<input type="checkbox"/>	<input type="checkbox"/>	0	OCCP
358		<input type="checkbox"/>	<input type="checkbox"/>	0	
359		<input type="checkbox"/>	<input type="checkbox"/>	0	
360		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3000	
361		<input type="checkbox"/>	<input type="checkbox"/>	0	Untimely Claim
Total of All Approved Claims			\$ 610,000.00		# of Records: 361

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